

Medical Care Advisory Committee (MCAC)

Monday, May 11, 2020

10:00am – 12:00 pm

MINUTES

MEMBERS/ALTERNATES

Members: Kathleen Bates, Sai Cherala, Jay Couture, Lisa DiMartino, Tamme Dustin, Amy Girouard, Ellen Keith, Paula Minnehan, Sarah Morrison, Kara Nickulas, Ken Norton, Ronnieann Rakoski, Marie Ramas, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Mel Spierer, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Nichole VonDette, Michelle Winchester

DHHS: Henry Lipman, Alyssa Cohen, Sarah Finne, Kelley Capuchino, Dawn Landry, Leslie Melby, Jane Hybsch

Guests: Jasmine Harris, Nicole Tower, Deb Ritsey, Isiah Anderson, Jasmine Harris, Lauren LaRoche, Peter Marshall, Stephanie Meyers

REVIEW/APPROVAL – MINUTES – April 13, 2020

M/S/A

Directed Payments – DD and BH Demonstration Post-NHH Discharge, Kelley Capuchino

Directed payment is a vehicle for a special community residency program serving dually diagnosed individuals with developmental and behavioral health needs discharged from NH Hospital. The Department worked with CMS to ensure adequate funds for this purpose. For the period July 2018 - August 2019, 3 individuals were served for which directed payments were made for a total of 183 days.

	July – Sept 2018	Oct – Dec 2018	Jan – March 2019	April – June 2019	July – Aug 2019
Number of individuals in residence	1	2	2	3	3
Number of days Directed Payment was provided	91	121	177	183	183

Under this pilot, claims for the behavioral health component are identified to allow additional directed payments to support the program's multidisciplinary team. The Department instructs the MCO to make pass-through payments for this service. The pilot shows promise as a means to leverage various funding mechanisms to support the program's dually diagnosed individuals.

The Directed Payment model is limited to managed care. C Virtue noted that two case managers are therefore involved for CFI and BH services. N Rollins noted concerns as to whether sufficient psychiatric support is available for individuals in community residences, particularly during COVID. If the pilot is successful, directed payments may be used in other areas.

COVID-19, Henry Lipman, Medicaid Director

Uninsured Eligibility Group: Governor Sununu issued [Executive Order 41](#) allowing NH to create the uninsured eligibility group for COVID-19 testing. Under the federal Families First Corona Virus Response Act, Medicaid coverage for this group is limited to COVID-19 testing pending CMS approval to be paid with 100% federal funds. Sarah Morrison commented on the need to reconcile various funding streams in light of HRSA guidance. Alyssa Cohen is currently working to identify which funds to use for testing.

COVID Funding for Medicaid Providers: The federal CARES Act appropriated \$75 billion to assist providers, including Medicaid providers. To date, there has been no word on the funding amount dedicated for this purpose to ensure Medicaid providers (FFS and MCM) receive adequate payments. A letter documenting the fragility of the provider network submitted to CMS will be provided.

COVID-19 Testing Request Form is available online to coordinate scheduling of COVID-19 testing. The form includes questions on insurance, demographics, and condition (COVID-exposed, chronic conditions). This information is confidential and used solely for diagnostic and tracking purposes.

MCO Contract Amendment #3. If approved by CMS, the amendment will allow reallocation of \$12 million of MCO funds for provider stability for the contract ending June 30, 2020. The request documents areas impacted by COVID – reduced hospital utilization, long term care, and emerging children’s health issues. Contract discussions are under way to determine if the next contract will include provider stability payments. G&C will meet June 10 to vote on the next MCO contract.

DSRIP 1115 Waiver (MH, SUD, physical health integration). A COVID waiver has been submitted to CMS seeking relief on DSRIP metrics.

Other 1115 Waivers. The Department requested CFI waivers to pay family members to provide personal care services during the COVID emergency, and to waive rules on asset transfer and combined resources of institutional and community persons. Follow-up will be provided on the waiver effective date, i.e. retroactive to date of request or prospective.

1915(c) Waivers Appendix K: DHHS requested CMS approval to amend 1915(c) Home and Community-Based Services (HCBS) waivers with [Appendix K, Emergency Preparedness and Response and COVID-19 Addendum](#), in order to respond to COVID-19.

Adult Medical Day Care (AMDC). [Joint Memo: COVID-19 Emergency Guidance for Adult Medical Day Services](#). The joint memo provides guidance on AMDC services provided during the COVID emergency to ensure the delivery of essential services. Providers may not submit claims until CMS approves Appendix K. The Department will follow up with the effective date for billing purposes.

Transition of services to pre-COVID requirements: COVID-related waivers and executive orders include termination dates. A suggestion was made to provide a schedule of COVID waivers’ terminations, e.g. 60 days after termination of emergency orders to ease transition to pre-COVID requirements. The State Plan allows telemedicine for many services, regardless of the Emergency. The Executive Order expanded telemedicine to providers not otherwise addressed in the State Plan for telemedicine privileges.

C Virtue raised concerns that the AMDC telemedicine guidance is confusing relative to retroactivity of services. Jane Hybsch will consult with DLTSS’ Wendi Aultman to clarify.

This service allows AMDC providers to reach out to participants weekly to conduct wellness checks by phone and claim the full per diem rate, retroactive to March 18. Post-COVID, some providers (early support and services program, home visiting programs) will not be covered by the state's telehealth statute. The Department will review the executive order and statutes on telehealth for post-COVID coverage. Stakeholder advocacy will inform changes.

Department Updates, Henry Lipman, Medicaid Director

Adult Dental Benefit, Dr. Sarah Finne

The Working Group met April 16 to discuss the impact of COVID on dental providers and network adequacy, and how to ensure a stable network of providers. Funding to establish the adult dental benefit had been on track until the COVID emergency. Legislation is currently on hold until further notice. Until then, dental emergency services (x-rays, exams, and triage) continue to be available.

The Governor announced dental practices can reopen. Practices must ensure adequate PPE and staff training on ADA, CDC, and OSHA guidance. Dentistry will look different going forward, with the requirement to maintain an adequate supply of PPE. Current barriers to obtaining PPE is the slow supply chain. The NH Dental Society is working with the state on PPE.

Transition of CFI Waiver Recipients to Nursing Facilities – Follow-Up, Dawn Landry

In 2017, the state required that CFI waiver participants to complete a new Medicaid application in order to transition to a nursing facility. Based on a review with BEAS and BFA staff, it was determined there had been no policy change necessitating the application submission. DHHS will therefore no longer require a new application, unless a valid reason is provided.

Action Items:

- COVID funding for Medicaid providers: letter to CMS regarding the fragility of provider network.
- Waiver effective date: personal care provided by family; rules on resources and assets
- Adult Medical Day Care billing: Retroactive or upon approval of Schedule K approval

Motion to adjourn: M/S/A